The challenges of cross-cultural research and teaching in primary care

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Introduction

This special issue of *Family Medicine and Community Health* is focused on some of the challenges that we face when undertaking cross-cultural academic studies in primary care. It includes both research and teaching studies conducted in several different countries around the world. It highlights some of the challenges we need to address when undertaking such academic work in widely different contexts and cultures. The authors have used a wide variety of methods – chosen to match not only the questions they have asked but also the methods they have chosen which take into account the context in which the studies have been undertaken.

The *context* in which a piece of work has been undertaken differs, of course, in the detail, but in principle, all of the authors in this special issue of *Family Medicine and Community Health* have faced the same general challenge of ensuring the best quality for their academic work. To do this they have, for example, tried to ensure that the study design chosen is the most appropriate one to answer the individual questions they have asked. In addition, to ensure the highest rigor in their work, they have recognized the importance of using suitable data collection and analysis methods and adopting dissemination strategies which are matched to the different health and educational systems in which they work. However, when reading the articles in this issue, the attentive reader will want to ask himself or herself "how do I decide whether the issues raised by this particular study are applicable in my own situation?"

Context and culture in cross-cultural studies

There are already a number of existing frameworks to help the reader 'critically appraise' individual articles and generally accepted reporting standards for both qualitative and quantitative studies. For example, the CONSORT criteria are used to report the results of cluster randomized controlled trials [1] in primary care. Despite this, however, context and *culture* are both important additional issues to consider when one is evaluating academic studies from different parts of the world. It is particularly important to take such considerations into account in qualitative studies, for example, before one can make any judgments on the 'applicability' or 'generalizability' of the claims made within an individual piece of work. Culture may have had an important impact not only on the way a study has been conducted but also on the authors' interpretation of the results. There are, of course, many definitions of culture, but for the purpose of this editorial, the pragmatic working definition of culture which will be used is "the shared way of life of a group of people" [2]. Similarly, the term *cross-cultural* will be taken to mean "relating to different cultures or comparison between

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them" [3]. This is distinct from *multiculturalism*, which deals with cultural diversity within a particular nation or social group rather than exchange beyond these boundaries. In reading these articles in this special issue, therefore, a reader from another culture may not be familiar with the *context* in which the study has been done and the *impact* this may have had on the choice of data collection methods [4]. Indeed, unwary readers may fall into the trap of making unwarranted assumptions about a particular piece of work and its applicability to their own research, teaching, and clinical practice.

Qualitative researchers have always recognized the importance of these considerations – a good qualitative research study needs to provide a detailed description of the setting in which the study has been undertaken so that judgments can be made by the reader about the 'applicability' (transferability) of the findings [5, 6].

However, the authors of quantitative studies have not always recognized the importance of this and generally rely on their standard enquiry methods to claim 'generalizability' for the results of their studies. In their view, the findings of their studies are more 'objective' than those of qualitative studies, which they may regard as 'subjective' and hence more vulnerable to bias – they agree that a description of culture and context is essential to evaluate the validity and hence the applicability of the findings from qualitative research.

This issue of culture and context, however, is also important in quantitative studies. There is, for example, some evidence that some members of south Asian populations may be anxious to please the researcher and not disagree with any suggestions (inadvertent or otherwise) put to them by their attending clinician, interviewer, or researcher. This can even occur in randomized controlled trials, where patient acceptability and adherence to the key elements of the trialed intervention are part of clinical outcome measures of the trial.

The applicability of cross-cultural studies

So then, how may readers judge the applicability or generalizability of the key points and important claims arising out of cross-cultural academic studies? Useful pointers to the quality of the work are not only the inclusion of a systematic description of the setting in which the study was undertaken but also a clear description of the way in which the possible impact of this setting was taken into account when the study was designed and conducted. This is particularly important in cross-cultural data collection, for example, when researchers from a majority ethnic group are conducting a health needs assessment of a minority ethnic group [7].

Other methodological issues which may need to be taken into account when one is assessing the applicability of results in cross-cultural studies also include the issues of both language and the appropriate translation of survey instruments or questionnaires. Authors of cross-cultural studies in particular need to ensure that a standard 'forward and back' translation with expert review has been used for the development of such instruments. Consideration of semantic, idiomatic, experiential, and conceptual equivalence in particular needs to be included within a study protocol [8, 9]. This is important for both quantitative and qualitative studies, although for the latter a theoretical orientation also needs to be declared. For example, the wary reader needs to ask if the authors have interpreted their data using the lens of absolutism (i.e., all people have similar needs and similar moral principles exist in all societies) or adopted a stance of relevatism (i.e., different cultures believe their morality is the one 'true' morality, and this impacts on their cultural beliefs).

Ethical issues associated with a particular study may also be an important consideration when one is evaluating and determining the applicability of both quantitative and qualitative studies to one's own situation. For example, have the research findings been fed back to the community that contributed to the research and, if so, to whom and by whom? Similar questions about how the research will be exploited by others, possibly to the detriment of the participants and their community, may also need to be asked [10].

Finally, perhaps the biggest challenge of applying the findings of these cross-cultural studies in research and teaching is how to use them to improve both the clinical care of patients and the education and training of physicians and students (where appropriate). In primary care, most consultations between physicians and their patients extend beyond a narrow biomedical agenda to a broader one encompassing 'holistic' (whole person) care. For example, physicians diagnose *disease* as a disorder of biological and/or psychological processes, but patients have *illnesses* that they bring to the consultation

together with their psychosocial experience and their own interpretation of their symptoms [11].

In conclusion, good-quality cross-cultural academic studies should enable readers to determine the importance, meaning, and applicability of their results to the 'real' world of primary care.

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